City of San Marcos City Council/Council Appointee/P&Z Commissioner Annual Financial Disclosure Form

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1.	This report covers the reporting period from:
2.	Do not leave items blank. If item is not applicable, mark NA or NONE.
3.	Attach information on additional pages, if necessary.

Name: Share Scott		
Residence address: 20/ Second ST SANMALCOS TA	78660	
Title of position held with the City:		
Name of spouse: Anser Scott	NA or NONE	
Names of all dependent children: Shelly & Sadie Scott	NA or NONE	
Names under which you, your spouse, or any of your dependent children do business:	NA or NONE	4
1.		
2.		
3.		

NOTE – You may use the following reporting categories to describe amounts and values:

Category I — At least \$100.00 but less than \$10,000.00

Category III — At least \$10,000.00 but less than \$20,000.00

Category III — At least \$20,000.00 but less than \$50,000.00

Category IV — At least \$50,000.00 but less than \$75,000.00

Category V — At least \$75,000.00 but less than \$100,000.00

Category VI — \$100,000.00 or more — report to nearest \$100,000.00

1. Identify each source of income amounting to more than \$100.00 received in the reporting period by you, your spouse, or any of your dependent children:

NA or NONE

Name & full address of income source	Nature of income	Amount of income	Income of
	[e.g., salary, dividends,	[by reporting category]	[e.g., self, spouse,
	rent, etc.]		or dependent child]
GERMAN ELITE			Self
408 LockHANT ST	metti		
	molt	1	TLST
SAW MARCOS TX 78666			1
McCoy COLP			
1350 N. IH35	1	111	
SAYMALLOS TX 78660	SALMY	10	pouse
*			
1550 M. 217 33 SAYMARCOS TX 78660	SALMY	11	Spouse

Nature of option	Amount of transaction	l l	& full address of	other parties
[real estate, stock, etc.]	[by reporting category]	to the	transaction	IoM+
. Identify each business entity, n	nonprofit entity or union in a	which you v	our spouse or an	y of your
ependent children was a partner,	manager, officer, member			rietor or
eneficiary during the reporting p Name & full address of business of		Position h		ONE A
ivame & iun address of business of	n nonpromeening or amon	1 OSITION IN	u	
. Identify each business entity,	nonprofit entity or union	in which vo	ıı volir spolise	or any of you
C. RECHILLY CACH DUSINESS CHILLY	*	•	more than \$100	
lependent children had an owners	ship interest with a fair ma	iket varae or	TAT A TAT	ONE C
lependent children had an owners luring the reporting period:				ONE 6
lependent children had an owners	Description of ownership interest [e.g., owner,	Value of ownership	NA or N Number of shares held/shares	ONE Net gain or loss from
ependent children had an owners uring the reporting period: Name & full address of business	Description of ownership	Value of ownership interest [by reporting	Number of shares held/shares issued	Net gain or loss from sale of stock [by reporting
lependent children had an owners during the reporting period: Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest	Number of shares held/shares	Net gain or loss from sale of stock
ependent children had an owners uring the reporting period: Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	Number of shares held/shares issued	Net gain or loss from sale of stock [by reporting
ependent children had an owners uring the reporting period: Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	Number of shares held/shares issued	Net gain or loss from sale of stock [by reporting
ependent children had an owners uring the reporting period: Name & full address of business	Description of ownership interest [e.g., owner,	Value of ownership interest [by reporting	Number of shares held/shares issued	Net gain or loss from sale of stock [by reporting

5. Identify any real property had an interest as owner, be or board member, officer of	eneficial owner (holder o	of a mortgage), business	owner (partner in	a partnership; ler:
Full address or legal description 30/ Second ST SAN MANGE TY 78661	Name & full address of owner(s) [if other than you, your spouse or children]	Fair market value [by reporting category] and present use	For leased property, annual rental amount [by reporting category]	Homestead exemption on this property?
301 Second ST SAMMARCOS TA 78661	SHANE SCOTT	VI	N/A	yes
6. Identify persons, busine children owed a debt of mor related within the second dereported as required by law	re than \$100.00 during the egree of consanguinity of	ne reporting period (not	including debts ow	ved to persons n which were
Name & full address of per guarantor to which debt wa		Amount of debt [by reporting catego	ry] Amount of a during reporting	rting period
7. Provided this information owed you, your spouse, or a period (not including debts	ny of your dependent ch	ildren a debt of more tha	an \$100.00 during	the reporting ty or affinity:
Name & full address of perguarantor that owed the de		Amount of debt [by reporting category]	Amount of rep during reporti [by reporting car	ng period
		1		1

Name & full address of person, business guarantor that owed the debt	s entity or	Amount of debt [by reporting category]	Amount of repayment during reporting period [by reporting category]
8. Identify the source of each gift or accuraceived during the reporting period by y by another person for the use and benefineluding (1) a gift received from a relatintestate succession or as distribution from ancestor):	you, your spit of you, jove if given	pouse, or any of your de your spouse, or any of a because of kinship, or	ependent children, or received your dependent children (no (2) a gift received by will, by
Name & full address of source of gift(s)	Descript	ion of gift(s)	Amount or value of gift(s) [by reporting category]
Provided this information is not privile entity during the reporting period, list all come during the reporting period:			
Name & full address of customer			

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10. Identify any financial interest in any franchisee of the City held during the reporting period by you, your spouse, or any of your dependent children [note: franchise holders are A)Time Warner Cable, B) Pedernales Electric Cooperative, C) Bluebonnet Electric Cooperative, and D) CenterPoint Energy Entex]:

NA or NONE

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Name of franchise holder	Description of financial interest held	Value of financial interest
	[stock, mortgage, note etc.]	[by reporting category]

11. Identify any transaction during the reporting period by you, your spouse, or any of your dependent children with any holder of any franchise issued by the City, other than as a customer or patron:

NA or NONE

Name of franchise holder	Description of transaction	Value of transaction [by reporting category]

AFFIDAVIT I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to a family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a), Local Government Code.

JAMIE LEE CASE
Notary Public, State of Texas
Comm. Expires 03-04-2022
Notary ID 128198440

Signature of Local Government Officer/Appointed Official

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said have sold, this the 23 rd day of day of 20 18, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath